

DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES



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March 17, 2008

TO: Jim Uecker, Director; RSS
Kevin Sweeney, Chairman; RSS Board of Directors

FROM: Don Ellingson, QIS

SUBJECT: Annual Quality Assurance Review

Attached is the Annual Quality Assurance Review for Residential Support Services. The review covers the period from October 2006 through February 2008, and addresses all DDP-funded services provided by residential Support services: Adult Group Homes, Day/Retirement programs, Supported Living, and Transportation.

I would like to thank all the direct care staff at the program sites and the administrative staff at the RSS office for their assistance during the review and their timely responses to concerns. I hope the recommendations contained in this report will help you continue to improve the quality of services you offer people with developmental disabilities.

cc: Suzn Gehring, Regional Manager
Tim Plaska, Community Services Bureau Chief
John Zeeck, Quality Assurance

RESIDENTIAL SUPPORT SERVICES
Quality Assurance Review
Fiscal Year 2007/08
3/17/08

SCOPE OF THE REVIEW:

This Quality Assurance Review covers the period from October 2006 through February 2008. It addresses all DDP-funded Residential services, Day services (retirement and Community integration), and Transportation services provided by Residential Support Services.

GENERAL AREAS

A. ADMINISTRATIVE

Significant Events from the Agency:

- **RSS hired a new Executive Director.**
- **RSS has hired a new Staff Facilitation Administrator.**
- **RSS has adjusted staffing patterns in an attempt to keep specific staff at specific homes.**
- **All Group homes now have their own cell phones to better maintain communication between direct care staff, weekend Lead staff and Managers.**
- **Weekend "Lead staff" positions have been created to have a continuity of management over weekends.**
- **An aggressive new schedule of pay rates was developed, after Legislative changes, to aid in recruiting and retaining qualified staff. It reflected increases between .50 and .70 cents/hour across all direct care positions.**
- **All Community Homes were equipped with computers, internet access, and e-mail addresses.**
- **Maintenance crew continues to perform monthly safety walkthrough at all Group Homes**

Policies and Administrative (DDP) Directives: RSS's policy manual and safety manual were both reviewed. The Agency's policy manual contains a grievance procedure, and staff and consumers are informed of how the process works. Clients receiving Supported Living services have a choice of Support Staff to work with them.

Many of RSS's policies have not been updated in many years, and may need to be looked at more closely. The past couple of years have brought many changes to the DD system and RSS should take steps to ensure their policies are in line with new state policies, and perhaps efforts should be made to bring RSS up to, and beyond current expectations.

Licensing: All eleven group homes were found to have current licenses. Licensing brought no concerns to my attention. Although an issue regarding fire/disaster drills, that was looked at by licensing, early in 2007, was asked about. Licensing had questioned the validity of some fire drill data. This issue was resolved early in the same year through correspondence with RSS administration and licensing, who agreed that some data was false, and some was not documented in a timely manner. **QAOS # 12** was submitted, in part, to collect and file the correspondence that resolved this issue, and RSS responded by providing that information.

Fiscal: RSS submits financial information in a timely manner.

In December of 07 DPHHS Audit Department completed an internal audit of RSS's fiscal year ending 6-30-07. They showed that \$150,473 was an unedited profit. They analyzed the income and expenses for the group home, supported living and day services and found that supported living broke even, the group home's income exceeded expenses by \$54,471 and the day program lost \$5,746.21.

The auditors recommended the following

1. that administrative cost be allocated across all departments.
2. Client fund accounting - SSI funds need to be accounted for each individual in a different account than the operating funds, fund balances need to be readily available, ssi funds should be electronically deposited, client inventories need to be taken annually, there should be a third party review of the client's account
3. someone besides the book keeper needs to be reviewing the bank statements.
4. all employee files need to have W-4s and I-9s

RSS is currently in the process of implementing these recommendations.

Appendix I: Appendix I was amended 7/1/06 to adapt to the new rate structure in Region III. The word "intensive" was removed from those homes previously designated as intensive. Staff to client ratios were removed. The individuals living in the homes continue to be funded for the staff ratios that existed prior to 7/1/06 and those numbers still should be met.

B. RESIDENTIAL

Accomplishments:

- **A ramp was built at Fair Park Group Home to offer one consumer greater ease in entering the home.**
- **New carpet at Fair Park GH.**
- **New carpet in the staff room at Westchester.**
- **New Linoleum and Lighting at Constellation.**
- **Group homes will be having their carpets professionally cleaned 2x per year.**
- **Handrails and lighting was added to the hallway at Granger GH to increase accessibility to a long dark hallway.**
- **Many new appliances (refrigerators, dishwashers, washers, and dryers) were added to, or brought in to replace old stuff in several Group homes.**
- **A large fence was erected at Antelope II to help ensure safety and privacy.**
- **A new shower chair was purchased for Stillwater GH.**
- **All Community Homes received new or updated locks for their cabinets**
- **Replaced Sub-floor in one of Granger's bathrooms.**
- **RSS assisted another Provider in providing a safe, cool place to run a day program during the hottest time of this last summer when AC was not available.**

Programmatic Deficiencies/Corrections to Deficiencies:

The greatest deficiency for RSS has been, and continues to be having adequate staff on site at all times to ensure the health and safety of all clients. This issue should continue being the highest priority for RSS in the coming year. **QAOS numbers 3, 4, 7, 8, and 9** all dealt with issues of short staffing. Recently RSS administration has managed to increase staff ratios to a safer level and **QAOS number 5, and 10** are commendations first for increases to staff wages, and second their fast response to the previous sheets (7, 8, & 9). Inadequate staffing will continue to pose a threat to health and safety of clients

until all FTE's are filled and an adequate pool of trained subs is available. This issue also poses a problem for RSS in generating revenue. As long as there are not enough staff to honor the hourly needs of residents RSS will continue billing under their potential. Regardless of whether or not the language dictating staff ratios was removed in a previous year from Appendix I the need for adequate staff ratios will continue to be important.

RSS homes should be staffed at a minimum of 2:6, 2:7, or 2:8. These ratios are often below the number of monthly hours determined in the Individual Cost Plans. In the past, ratios were often 3:6, 3:7, or 3:8 depending on the home, and perhaps those ratios should still be considered the goal. Ratios of 1:6, 1:7, or 1:8 should never be acceptable except at night.

A combination of low wages, and extraordinarily low unemployment, together made recruiting difficult for RSS, but it seems that the trend is changing for the good. Administrative staff should continue working on recruitment, and discussing ideas as to how to increase retention of current employees. We are seeing positive results in this area

HEALTH & SAFETY

Vehicles: RSS has a total of 14 vehicles. There is one at each group home. Driving records of staff are obtained and reviewed annually. There is a drivers training program in place and a training program for operating vans with wheelchair lifts. Although there are vehicles at every home, not all of them are equipped with wheel chair lifts. This does force GH staff to share some of the vehicles.

The vehicles are well-maintained and staff completes routine maintenance checks. Documentation of maintenance was found at the RSS office, but it was unclear if these checks were done daily, weekly, or every time the vehicle is driven. It is suggested that a clearer method of documenting these checks be developed for future reference.

RSS has done a great job of keeping these vehicles operational, and in use. The van at 20th street GH is 18 years old and running fairly well. The need for additional or newer replacements is self evident, and every effort should be made to achieve that goal.

Consumers: Staff ratios have been and will continue to be an issue of concern for RSS. In past years the on-call policy was revised to better meet the needs of clients, and Administrative staff have performed direct care duties to ensure adequate staff resources are made available.

Another concern is the large number of medication errors. RSS has 11 homes and just fewer than 80 residents. That is a great deal of medication assistance, and some mistakes are inevitable. However, efforts to minimize the number of errors should be pursued with 0 errors as a goal.

Recently it has come to DDP's attention that RSS has left non-ambulatory residents out of fire/disaster drills to ensure they, and staff, are not injured during the drills. Upon investigation with the Fire Marshal it was made clear that all residents, at all Group Homes must participate in fire drills, and all shifts from all Group Homes should be given opportunities to participate in fire drills in order to optimize fire safety plans.

Lastly there continues to be confusion about managing client funds to ensure they do not go above resource and risk losing benefits. This issue has been addressed in previous years without concise resolution. This year a resident was paid a substantial back payment, and came very close to losing benefits due to failure to report resources accurately, and failure to spend down in a timely manner. Previous attempts at resolving this issue have included notification when a consumer approaches the \$2000 mark, followed by team meetings to discuss appropriate spending down. It is requested that RSS take the initiative in coordinating meetings with Case Management to develop a plan that helps avoid clients being over resource, that will clearly define the responsibilities of RSS staff, DDP CM's, and continue to honor the importance of guardians, family members, advocates, and the individuals' wants and needs. These plans should be included in the PSP to ensure that all parties understand what to do.

Medication Safety: Storage of medications and medication logs were reviewed at all residential sites through the year. All medications were stored behind two locks, one on the office door and another on the medication cabinets.

During the review it was found that all staff assisting with medications were medication certified by the DD program.

Detailed Medication books were reviewed at each home throughout the year. Within these books were detailed procedures for Individual residents, and a photo of each person in the home. Protocols for all PRN medications are available to staff at each home. Changes within RSS are leaning toward Nursing staff writing and training protocols to staff, but Administrative staff will continue assisting with this task until, or if additional Nursing can be obtained. The Nurse will approve all medical related Protocols.

Medication errors were tracked, by this office throughout most of the year. The months of April through June 2007 were not included in this office's Medication error tracking system, although RSS tracked them and IR's were reviewed for those months.

Total medication errors per quarter

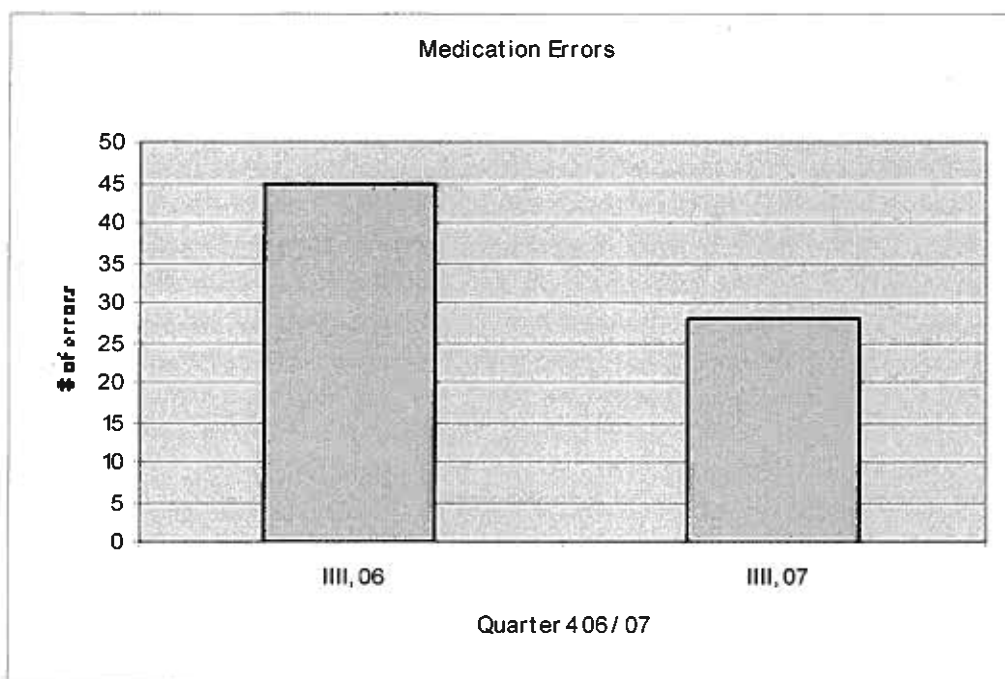
RSS GH total med errors # of at home errors and Med. refusals Total	4th quarter '06	1st quarter '07	2nd quarter '07	3rd quarter '07	4th quarter '07
	45	55	29	40	33
		6 refusals		2 refusals and 3 at home errors	4 refusals and 1 at home error
	45	49	29	35	28

Sites: Site specific information was tracked on a quarterly basis throughout the period of review, again, except for the 2nd quarter of 2007.

Quarterly medication errors by site

Site↓/quarter→	III, 06	I, 07	II, 07	III, 07	III, 07
Westchester	16	13	no data	4	4
Stillwater	7	9	no data	5	6
Constellation	1	2	no data	9	3
Panners	1	2	no data	4	0
Antelope I	5	1	no data	4	0
Antelope II	3	3	no data	2	5
Lewis	0	3	no data	0	1
Fair Park	0	2	no data	1	1
North 18th	7	6	no data	5	4
20th street	4	1	no data	1	2
Granger	1	7	no data	0	2
Quarterly totals	45	49	29	35	28

Quarter 4 of 2007 shows a marked decrease in the overall number of agency-wide medication errors when compared to the same quarter in 2006.



RSS was approximately 30 FTE's short in the latter part of 2006, and early 2007. Therefore they were forced to utilize available staff, administrative staff, and on-call staff in all homes (many of them felt like substitute staff during every shift). In the last couple of quarters RSS was able to reduce the number of unfilled FTE's to approximately 14.5. The reduction of medication errors, as the year came to an end, could be directly correlated to the number of staff able to work in the same home, with the same clients every shift.

All homes had working smoke alarms, and maintenance staff check them regularly.

Fire and Disaster drills were reviewed on all homes. QAD (Licensing) had some concerns early in 2007, but those have been resolved. During this review evacuation plans were also looked at and in a couple of homes some residents were being excluded from drills to prevent injury to residents or staff. After further inquiry with Licensing, and the Fire Department it has been agreed that all residents need to be involved with drills, and all shifts should be included in drills. The Fire Marshal agreed to be available to assist in planning to ensure safety.

Through the year most all of the required drills were conducted and documented. About half of the Group Homes had missed or not documented at least one month, and One home had no data for 3 months. The following is a list of the missing/undocumented drills;

Missing/undocumented drills

Home	Antelope I	Constellation	Granger	Fair Park	North 18th	Panners
Date	Jan. 2007	Feb. 2007	Jan. 2007	Feb. 2007	Feb. 2007	Sept. 2007
"			Feb.2007			
"			May-07			

Overall the sites recorded good evacuation times. A couple of homes were not evacuating everyone during drills. Two homes were documenting actual times at or over 10 minutes. They are as follows:

Westchester: 3/21/07 – 15 minutes

4/8/07 – 12 minutes

4/21/07 – 10 minutes, and 12 minutes (2 drills that day)

5/31/07 – 10 minutes, and 10 minutes (2 drills that day)

6/27/07- 10 minutes

10/31/07 – 10 minutes

Lewis: 2/20/07 – 15 minutes

4/18/07 – 10 minutes, and 10 minutes (2 drills that day)

6/19/07 – 15 minutes

6/30/07 – 15 minutes

7/28/07 – 14 minutes

These times should be shared with the Fire Marshal for his assistance in shrinking those times to an acceptable level. A specific time has not been identified, and each home may have the need to have it's own individual time as a goal due to floor plan, residents, and any other fire safety equipment it might have. i.e. sprinkler systems etc.

QAOS # 12 was submitted to address the time frames of fire drill and to document resolution of missing/undocumented fire drills. RSS responded to this QAOS by acknowledging the need for a better guideline to address fire safety, and has asked the state to work with them in developing this "evacuation policy"

It should be noted that five homes are equipped with sprinkler systems, and those homes are as follows; Granger, Stillwater, Constellation, and both Antelope I and II.

All homes appeared in good repair, clean and clutter free. Although Fair Park had some clutter in the back yard on the patio area. The staff said it was on the agenda to clean up when weather started to cooperate more. The guys at Fair Park like to participate in yard work, and look forward to spring.

SERVICE PLANNING & DELIVERY:

Individual Planning (Assessment, Implementation & Monitoring):

Documentation of service delivery was reviewed for roughly 10% of the RSS client population. One individual in each of eight homes, and RSS's one Supported Living client made up the residential sample for this review. PSP documents were available to all staff in each individuals training book. Although the plans were not consistently in the same place across all homes, they were available. The plans were based on comprehensive assessments, described individual characteristics, and addressed specific wants and needs of each resident. Where needed, Rights restrictions were in place and descriptions of the steps being taken to reduce the need for the restrictions were also documented.

Data collected corresponded to goals in PSP's and in many cases the Group Homes were running programs and collecting data for more than what was in the PSP's. These were referred to as "maintenance objectives" or "service objectives".

Quarterly reports were compiled and submitted, throughout the year, to Case Management. Although some were submitted late as a result of short staffing, and most often in Homes that did not have consistent managers. Recent changes in manager's duties and shifts, combined with successful efforts to recruit staff should, in all likelihood, alleviate this.

Leisure/Recreation:

Leisure and recreation logs were reviewed at each of eight sites. A variety of leisure time activities are being offered at the homes. Records indicate that people are getting into the community often, individuals are going for walks, shopping, bowling, and swimming during the summer. Although many people are not getting out as often as their individual PSP team members may have liked to see. This could be the result of staff turnover. In addition to staff turnover RSS currently does not have appropriate vehicles for each home, and vehicles with wheel chair lifts are shared in some circumstances. The need for more vehicles is now, and has been, apparent. RSS should continue looking for, and applying for Grants to meet this need.

Client Rights: Staff seem to have a good working understanding of Client rights and respect those rights. No homes were found to have "House Rules" that were contradictory to Client rights. During quarterly visits and this review staff were observed interacting with clients in a positive and respectful way. No deficiencies.

Medical/Health Care: RSS continues to utilize a manager's checklist, developed last year, to ensure that medical recommendations regarding swallowing and diet are followed. Written protocols are available to all staff offering directions regarding: feeding, bathing, swallowing, PRN medication as well as instructions or restrictions dictated by medical professionals regarding diet and exercise. Administrative staff have been spending more time in homes to offer greater oversight.

This last year RSS formally exited a young lady from their services due to her complex health and safety needs, specifically diabetes and aspiration related concerns. Currently this young lady is residing at a local nursing Home, but RSS is attempting to clear up some concerns surrounding her safety to bring her home again.

This individual needs to follow a strict diet where Carbohydrates are counted at every meal, in an effort to maintain blood sugar levels. Compounding this is the need to follow recommendations from swallow tests stating that the food is pureed and eating occurs at specified times and follows positioning instructions. Secondly she is not always cooperative at meal time so it can be impossible to guarantee she gets the appropriate nourishment to maintain blood sugar levels. Therefore she often requires supplemental snacks to bring sugar levels up, and on rare occasions she requires insulin to bring levels down.

RSS has been working diligently with the DD office to find a resolution concerning staff working with such a complex individual. Efforts will continue being made to find an appropriate balance between the duties of Direct Care Workers and Medical Professionals to safely serve this young lady and others. In addition there have been discussions revolving around the need for increased Nursing staff, as all of the clients within this corporation will experience more and more medical needs as they age.

Emotionally Responsible Care Giving: During quarterly visits and during this review staff were observed interacting with residents in a positive and emotionally respectful manner. Staff understand the importance of responsible care giving, and have developed, and used, positive "team-working" skills that aid in providing quality care in home like environments.

Consumer Surveys:

Consumer surveys were reviewed for individuals in the sample and no concerns were evident.

STAFFING

Screening/Hiring: A total of nine files were reviewed as follows. Six full time employees, and three sub/part time employees. From the six FT, three were considered new hires, and the other three were employed one year or less. The three sub/PT's were chosen at random.

Eight of the files contained Criminal Background Checks that were present prior to these employees working their first shift. The one employee that did not have the Criminal Background Check on file was hired in 1987, and this was not required at that time.

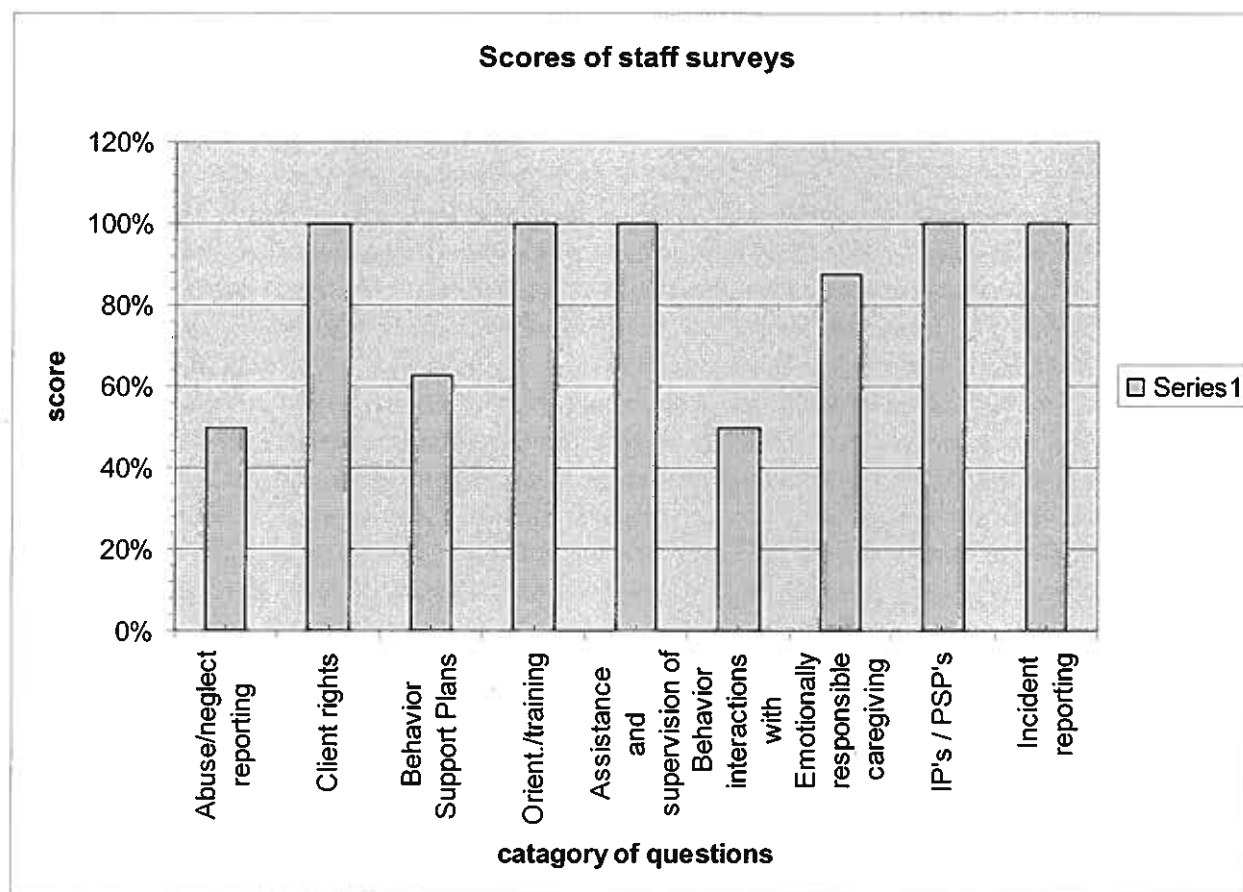
Orientation/Training: The same sample was used as for the screening section. The staff files that were sampled contained evidence of orientation training, MANDT, CPR, first aid, and blood-borne pathogen trainings. Most files showed DDCPT as having been trained as well. The trainings are done in at least three sessions with orientation to RSS and policies being at the time of hire.

Ratios: There have been and continues to be significant problems in this area as noted under the Program deficiencies Section above. QAOS #'s 3, 4, 7, 8, & 9 all addressed issues of under staffing. QAOS #'s 5, & 10 were written as commendations for efforts being made to address short staffing.

Staff Surveys: One staff from each home visited during this review was interviewed. The length of employment varied from 2 weeks to 7 years. A total of eight interviews were conducted. The results of those interviews are as follow:

Category of questions	Met	Not Met
Abuse/neglect reporting	4	4
Client rights	8	0
Behavior Support Plans	5	3
Orient./training	8	0
Assistance and supervision of medications	8	0
Behavior interactions with consumers	4	4
Emotionally responsible care giving	7	1
IP's / PSP's	8	0
Incident reporting	8	0

The data clearly shows that RSS staff have weaknesses within the categories of "Abuse/Neglect reporting", "Behavior Support plans", and "Behavior Interaction with Consumers". QAOS # 13 addressed this issue, and RSS has agreed to increase it's emphasis on training of direct care staff.



INCIDENT MANAGEMENT

APS: During the period of this review a number of referrals to APS were made regarding issues of abuse, neglect or exploitation. Following is a summary of those referrals.

April 13th 2007: Alleged Medical Neglect by RSS Nurse to , no maltreatment was found, it was suggested that staff receive more training.

April 13th 2007: Alleged Medical Neglect by RSS Nurse to , no maltreatment was found, it was suggested that staff receive more training

April 16th 2007: Alleged Physical abuse and neglect of No abuse or neglect was substantiated. GH is to keep areas that walks through clear and free of obstructions.

September 9th 2007: Alleged emotional abuse/mistreatment of by staff. Maltreatment was determined and staff was terminated.

October 31st 2007: Alleged physical abuse of by her mother, .. Adult maltreatment was determined and was instructed to avoid such behavior. No further recommendations were offered by APS. This incident happened at family home and was reported by to RSS staff.

November 6th 2007: Alleged abuse/mistreatment of by overnight staff. No maltreatment was substantiated.

November 21st 2007: Alleged abuse/maltreatment of by overnight staff. No maltreatment was substantiated. (RSS terminated this staff as a result of their own investigation even though APS could not substantiate the maltreatment.)

Incident Reporting: All incidents have been and continue being reported in a timely manner as required by Incident Management Policy. Incident Management Committee, made up of RSS administration, a representative from Case Management, and a QIS, meets every week to discuss trends and make recommendations to reduce the overall number if incidents. Trend reports are being submitted to DDP as required by policy. Medication errors have been the most commonly seen IR, but recent changes to management are having a positive affect on this. Other trends that are discussed and addressed have included individual staff consistently on shift when Incidents occur, and concerns of “power and control” issues that require further training. This corresponds with the weaknesses identified in the Staff Surveys.

Critical Incident Investigations: RSS has completed all Critical Incident Investigations within the required timelines throughout this review period. The following is a summary of the number and type of Critical Incident Investigations from October 2006 through December 2007.

Investigations performed by RSS:

- 8 Emergency hospitalizations
- 8 Clients stolen from at their home, Police are investigating
- 4 Client to client abuse
- 3 Allegations of abuse by staff
- 2 Accidental injuries requiring medical treatment
- 1 Bruises or marks of unknown origin
- 1 Elopement

Investigations performed by DDP:

1 Emergency Hospitalization

The stolen money occurred at one home and involved all eight residents. It is not included in the APS list because the Billings Police Department is investigating the theft. RSS has replaced the money to all affected clients and will follow-up with detectives. As of February 2008 the BPD is no longer actively investigating this incident.

C. DAY SERVICES

Accomplishments:

- **RSS worked in concert with RSD, this last summer, by opening up Westchester as a place to temporarily run one of the BTI day programs.**
- **RSS continues being creative and flexible in allowing, people who wish to or need to stay home, that option. Thus creating a wonderful program to address the needs of the aging population, and those that do not fit into the standard day program model.**
- **RSS continues being flexible in scheduling in an effort to accommodate those individuals who only want or need part time retirement, but still attend traditional day programs part time.**
- **RSS currently serves seven individuals in Day/Retirement. Two of these individuals are part time.**

Programmatic Deficiencies/Corrections to Deficiencies: No deficiencies were noted.

HEALTH & SAFETY

Vehicles: Vehicles are available at all day program sites and are well maintained.

Consumers: There were no health or safety concerns with the individuals served in the day/retirement programs.

Medication Safety: Medication safety has been good in the day/retirement programs. Errors have been very minimal and any that may have occurred during day program hours are included in the residential section above.

Sites: RSS currently has four sites serving as Day/retirement programs, they are as follows:

Panners: Serving three individuals full time.

Lewis: Serving two individuals, each part time, with alternating schedules.

Stillwater: Serving one individual full time.

Constellation: Serving one individual full time. (A second is expected to arrive soon.)

SERVICE PLANNING & DELIVERY

Individual Planning: Individual plans were reviewed for two individuals in the day/retirement program. Both programs had daily schedules and service objectives for the individuals. Objectives were documented in the homes. Quarterly reports were submitted to case managers combined with residential objectives.

Leisure/Recreation: Documentation of leisure/recreation time activities being offered and provided was reviewed. It is suggested that greater efforts to provide a wider variety of opportunities to experience different things be made by Day/Retirement staff during all seasons. PSP's showed that some plans have been made to attend different activities when the weather turns nicer.

Client Rights (Restrictions, grievance Procedure): There were no issues involving client rights.

Medical/Health Care: There were no issues involving medical/health care at the day programs.

Emotionally Responsible Care Giving: During drop in visits of the day programs throughout the year, staff were observed interacting with clients in an emotionally responsible way.

Consumer Surveys : Consumer surveys in the sample were complete and there were no issues noted.

STAFFING

Screening/Hiring: The same procedures apply here as in residential.

Orientation/Training: The same procedures apply here as in residential.

Ratios: Staff to client ratios at the day programs vary from 1:1 to 1:2. There were

no problems noted with staff ratios during the day program hours.

Staff Surveys: A staff survey was completed with one staff from the day/retirement program.

Day program staff have been more stable over time due to work schedules, and the staff interviewed answered survey questions appropriately, and was knowledgeable in all areas of the survey.

INCIDENT MANAGEMENT

APS: There were no APS issues involving the day/retirement program.

Incident Reporting: Incidents were reported in a timely manner and are included in the residential section of this report. In the coming year Day/retirement incidents will be treated as an individual service and data will be tracked and collected as such.

Critical Incident Investigations: Critical investigations are included in the residential section of this report. In the coming year Day/retirement Investigations will be treated as an individual service and data will be tracked and collected as such.

D. TRANSPORTATION

Accomplishments:

- **RSS has increased its contracted transportation number of consumers to 21.**
- **Carl Solberg continues to be a certified defensive driving instructor**
- **Annual motor vehicle driving reports are requested annually for all drivers**
- **RSS continues to be the only transportation provider to offer services to an individual in Laurel.**
- **RSS added an individual right on the edge of Shepard MT. RSS now covers a large geographical area that, in the past, was not being served by other DD transportation providers in town.**
- **A Behind the Wheel, hands-on training is provided to new drivers.**

- **PASS (Passenger Assistance and Safety) Training is required for staff driving vehicles with wheel chair lifts.**

General: RSS continues to be successful with its transportation endeavor, and continues adding to the number of people being served.

Driving records and background checks for drivers were sampled and in were found in good order. Evidence of pre-employment screening was reviewed and post employment training was verified.

Maintenance: Drivers complete a daily checklist at the beginning of their shifts, and when repair is requested vehicles are taken to the shop in a timely manner. Documentation of routine maintenance, (regular service and professional inspection) were reviewed, and in order.

All drivers complete a vigorous training program when hired including “defensive driving”, emergency procedures, lift operation, and wheelchair tie downs. There was not evidence of continued training or “refresher training”. This might be a good idea in the future, as a means of ensuring continued safety to clients and employees.

Programmatic Deficiencies/Corrections to Deficiencies:

. There were no areas of concern in transportation.

CONCLUSION:

I would like to thank RSS Administration, Group Home Management, and Direct Care staff for their assistance and cooperation throughout this review process. Everyone has been very helpful in providing/gathering information.

RSS has been through many changes in last fourteen months including changing Case Managers, changing QIS's, a new Executive Director, new Habilitation Coordinator, changing Group Home managers and revolving Direct Care workers. I look forward to a year filled with positive change and stabilized workers from the top to the bottom.

Findings Open/Plan of Correction:

Staffing continues to be the greatest concern within RSS, and affects all areas of service delivery. This year, again, a written plan of correction is requested to describe how RSS will address the issue staff shortages in the coming year, including both a description of changes occurring now that are aiding in the recruitment of staff, plans to retain those employees, and a plan to keep people safe in during times of staff shortages.

Many policies have not been updated in many years, and may need to be looked at more closely. The past couple of years have brought many changes to the DD system and RSS should take steps to ensure their policies are in line with new state policies, and perhaps efforts should be made to bring RSS up to, and beyond current expectations. A Policy Review Committee will meet every other month.

In RSS's Medication Policy dated 3/17/07 there is a part describing circumstances under which non-certified staff could assist with medications that were pre-packaged by a certified staff, and the same policy also states that "Meds are not to be set up by one person and then given by another." This language is contradictory and confusing and needs to be clarified. **QAOS # 14** was written to ask for removal of the contradictory language. The policy may need rewritten to ensure it is in compliance with all applicable State, Federal, and corporation policies. RSS responded to the **QAOS # 14** by informing me that this policy was rewritten and approved by the board on 12/21/07. Thank you

Fire and disaster drills were, for the most part, completed in a timely manner. Some drill times are longer than is comfortable, but the homes reporting these times have one or more non-ambulatory residents. It is suggested that RSS take advantage of the Fire Marshal's willingness to be part of developing solutions, with RSS, to decreasing evacuation times and addressing the issues surrounding the non-ambulatory clients served by RSS. **QAOS # 12** was sent to address two issues surrounding fire safety. The first was addressed in Section A, Licensing on page 2. The second part was to look for clearer guidelines for evacuation times. RSS responded to this QAOS by acknowledging the need for a better guideline to address fire safety, and has asked the state to work with them in developing this "evacuation policy". This will likely be an ongoing process.

It is suggested that RSS work with Case Management in developing a plan that helps avoid clients becoming over resource. After past attempts at addressing this problem RSS's financial person has done a great job of notifying CM that the time is near, but there is not any clear understanding of what happens next. I hope RSS will play a more integral role in developing a system that is more consistent.